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CASE OF POLYPUS OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

IN October, 1856, there was published in the JOURNAL a case of polypus uteri, which came under my care in June, 1853. Relief was obtained at that time by the expulsion of the mass. The catamenial discharge had ceased eleven years before. She remained free from hæmorrhage, and in good health, up to January, 1856, when there was a renewal of hæmorrhage. This continued until the 31st of July, 1856. During this time, she passed six polypi, generally of about the size of a hen's egg, of which Dr. Ellis's microscopic description was published, in the article above alluded to. It was supposed that the difficulty would not return.

The following is the subsequent history of the patient, and contains everything of importance up to the present date, September 22d, 1857. As the first history is on record, it seems proper that this also should be. Both accounts were read to the Boston Society for Medical Observation.

April 8th, 1857.—Mrs. M. called on me this day, and made the following report: From the time of the last visit (August 5th, 1856), she continued well, till some time in January or early in February, when she several times had pain in the back, at night, somewhat like the early pains of labor, which waked her. On these occasions she discovered herself to be wet, as with liquor amnii. On the 20th of February, "began to be unwell slightly" (her own words), which continued till March 7th, when it became profuse flowing, and lasted two days. During these two days, the discharge was of very dark color and "pasty." On the 8th of March, a body, similar to that which I gave to Dr. Ellis (in July, 1856), came away. "It was as large as a goose's egg." Since March 8th there were frequently clots expelled, and on the 3d, 4th and 5th of April, the flowing was excessive. This hæmorrhage continues. R. Tinct. fort. secal. cornut., 3 i., thrice daily. To

let me know, if not immediately relieved. To call upon me, if relieved.

I heard no more of my patient, until June 18th, 1857, more than two months having passed. On this day, I was sent for to visit her, out of town. The following is her report. On the night after seeing me (April 8th), two more of these polypi were discharged, and the flowing almost but not entirely stopped. On the 3d of June, at night, two more came away. One of these, she says, was as large as the largest she had seen. Just before this, the hæmorrhage was profuse and very dark colored. On the night of the 13th, two more came away. Last night (17th), two others came. Every time there was dark hæmorrhage and many clots. She has continued the ergot till within four or five days, but discontinued it then, because she thought it did her no service. The last two polypi were preserved, and I presented them to Dr. Ellis, for examination. He reports to me that there is no essential difference between them and those of July, 1856.

She is now in bed. Since the last polypi, her flowing has only been slight, and its color is lighter. Feels sore over the uterus, and in the vagina. Has but little appetite; was up yesterday, and again this morning. Looks well—not in the least anæmic. During the night she soiled more than a dozen napkins. Pulse 80, and of very good quality. Os uteri quite high. Neck not obliterated. Uterus does not seem enlarged, and can be easily moved. The os is so far open that the forefinger can be introduced, and the introduction causes no pain. The feeling is as several days after labor. The uterus cannot be felt through the abdominal parietes, on account of the fat. There is still slight oozing of blood. An India-rubber bag was introduced, and inflated so that it caused pain. A little air was then allowed to escape. R. *Acidi gallici*, gr. xij. once in six hours. If much pain, R. *tr. opii*, gtt. xx.

June 19th, 1, P.M.—Immediately after my visit yesterday, flowing came on, though not profusely. A half hour later, the plug came away, while getting up to pass water. The discharge has again become dark, very dark, as it does just before a polypus escapes, but there has not been much pain. The flowing is now moderate. Examination does not indicate anything new. Introduced a larger plug, and inflated it sufficiently to cause a sensation of pressure within the vagina and some pain in the back. The last acid was taken at 12½, P.M. She has already taken forty-eight grains. Continue it once in four hours.

20th, 4½, P.M.—Had a good night. The blood is more florid. Two napkins to-day. Yesterday there were four. The plug came out this morning, and no clots with it. Ate a pigeon for dinner. Had a passage from the bowels, this morning, without physic. The acid has been taken regularly. Pulse 80, and good. Cheeks, lips and fingers of good color. Her appearance would lead one almost

to doubt the profuse hæmorrhage, if the evidence were not so strong. The os uteri is not so widely open. Nothing to be felt within it. Continue medicine.

22d.—Reports that there was considerable flowing at intervals, yesterday. This morning, at 9 o'clock, it was so great as to keep her wet. Before 10, A.M., four polypi, in all, a bulk as large as both my fists, came away, and I brought them home for inspection. [A part of this was sent to Dr. Putnam, and the most of it to Dr. Ellis, by whom, I believe, it was exhibited to the Boston Society for Medical Improvement, the same night.] Pulse 88, and good. She is in no degree blanched. The os uteri will admit the finger. Nothing to be felt within. Lower abdomen quite tender. As before reported, the uterus cannot be felt through its walls. Omit acid. R. Tinct. fort. secal. cornut., 3 ss., every three hours from 6, P.M., till next visit.

23d.—To-day I requested Dr. Putnam to see her with me, which he did, at 4½, P.M. She has taken a half ounce of the tincture, equal to half an ounce of ergot, since I saw her last. There has been slight flowing, but no pain. No dejection to-day. The cervix uteri is about one fourth of an inch in length. Os uteri will admit the forefinger, but it is quite high up. Nothing is to be felt within it. The uterus does not seem to be enlarged. The question of treatment was discussed at some length. Decided to continue the ergot for twenty-four or forty-eight hours longer, and nothing more appearing, to dilate the os uteri, if necessary, with sponge tent, and then apply to the internal surface iodine, tannin, or nitrate of silver. At the same time to give iodine by the mouth.

24th, 1, P.M.—Looks well. Ate a cup of warm custard this morning, which produced a free dejection within an hour. Has soiled two napkins* since daylight, and those only slightly. The discharge to-day is quite dark. Feels very comfortably. Pulse 88. Os uteri still high up. Vagina contracted. The os uteri will easily admit the forefinger. To-day passed a sound, and found the depth to be 2¾ inches. Continue ergot.

25th, 1½, P.M.—Had nausea all night, which she attributed to the ergot, and therefore discontinued it at 8, A.M., to-day. Has taken nearly an ounce and a half. After 8 o'clock, she vomited three times. The nausea continues, in a slight degree. Has eaten bread only. Two napkins have been slightly soiled. Vagina small. Introduced a syringe, and threw in two drachms of the following mixture: tinct. iodini, aquæ, aa ʒ ij.; potassi iodidi, gr. vi. M. The immediate effect was a sensation of great warmth and smarting, confined to the vagina, over which some of it ran, when I withdrew the tube. Pulse, previous to operation, 88. An hour later, it had fallen to 84, and there was entire freedom from pain. To

* It should have been mentioned, that her napkins are of Russia linen, a half yard square and double. These have often been saturated by the blood.

omit the ergot, and take of the above mixture (without the water) six drops, *in water*, three times in twenty-four hours.

27th, 44, P.M.—Reports a comfortable night, last night and the night previous. There has been no hæmorrhage, and only a slight oozing of watery matter. Felt faint at times, yesterday. To-day (and last night also) nauseated by the iodine. Pulse 76. Omit iodine, and resume the gallic acid.

29th, 5, P.M. Has been up and dressed all day. Was up and out of doors, yesterday, for a short time. Is quite weak, and her appetite small. In twenty-four hours has eaten a squab. Since the visit of the 27th, has once seen a spot of blood from the vagina, and once only. Os uteri admits the forefinger with difficulty. Vagina small, and uterus high up. Introduced a syringe to the fundus, and injected three drachms of the solution of the 26th. It produced slight smarting in the vagina, but not elsewhere. Continue gallic acid, twice daily.

July 2d.—Reports a little pure blood, on the 30th ult. On the 1st of July a single drop, only, was seen, but she felt well, and was about house all day, attending to her duties. To-day feels perfectly well. Pulse 72. Has seen nothing from the vagina since yesterday A.M.

July 16th.—She called on me. Has had no return of hæmorrhage. She feels well, but has not fully gained her strength.

DISLOCATION OF THE FIRST PHALANX OF THE THUMB UPON THE DORSUM OF THE METACARPAL BONE.

[Read before the Middlesex East (Mass.) District Medical Society, September 24, 1857. WILLIAM INGALLS, M.D., Secretary.]

BY BENJAMIN CUTTER, M.D., WOBURN, MASS.

THE subject of my contribution, submitted to your consideration this evening, was suggested by an occurrence that took place since our last meeting. It relates to an accident that seldom occurs even in a life-long practice, and of which very little satisfactory information can be gleaned from the writings of surgical authors. I refer to the dislocation of the first phalanx of the thumb on the back of its metacarpal bone.



This dislocation is generally caused by a severe blow received on the end of the thumb, when the arm is extended to save one's self while falling. The phalanx is forced backward upon the meta-

carpal bone, and firmly retained there by the lateral ligaments. But should the phalanx be forced *beneath* the metacarpus, it is easily replaced. On looking through authors on dislocations, whether ancient or modern, you will find mention of great difficulty in treating this dislocation, and no easy method of reduction suggested. Many powerful instruments for traction have been devised, and cases of tearing off the member have been reported. In order to get a secure hold upon so small a limb, it has been usual to protect the thumb with a covering of soft leather, over which a strong tape is secured with a clove hitch so tightly drawn as to prevent slipping, and to which manual or mechanical power may be attached—such as the pulley, Jarvis's adjuster, &c. Many other ingenious contrivances, to secure certain hold of the member and make extension, have been made and recommended—such as Charriere's modification of Luer's pronged forceps; Levis's apparatus (see *American Journal of the Med. Sciences* for last January); the "Indian puzzle," recommended by Dr. Hamilton, of Buffalo; Vidal's method with a common door key, advocated by Roux and many French surgeons; &c. &c.

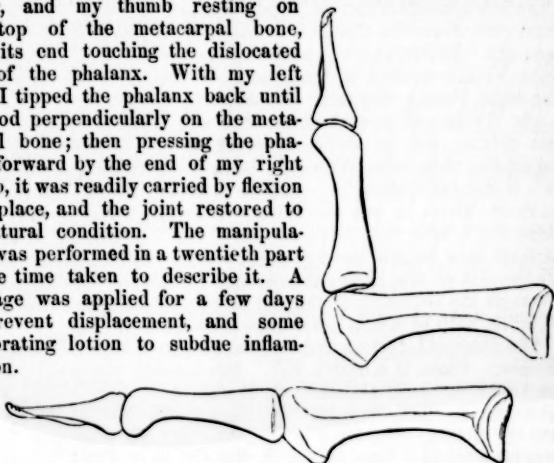
Dr. William Hey, of Leeds, a fine old English surgeon of the last century, and an eminently practical one, acknowledges from experience that "the reduction is in some cases extremely difficult, if not impracticable"; and it is noticeable that he mentions no cases where he was successful. (See *Hey's Surgery*, p. 206.) Many cases, after vain attempts, have been left unreduced, and the patients have been obliged to submit to the inconvenience thereof for the rest of life, unless the division of one of the lateral ligaments or the resection of the end of one of the projecting bones be made, both of which operations are reported.

The aforesaid devices and advices are all wrong, because unnecessary. There is a better way. For several years past, Professor Dixi Crosby, of Hanover, N. H., has been accustomed to describe the accident and its treatment in his medical lectures, so that the medical profession in New England are generally familiar with his method. Drs. Doe and Morgan have published articles relating to it; Dr. Crosby has not. From one of his pupils, I learn that, some years ago, Prof. Mussey had a case in which all the usual appliances were employed without success, and resort was about to be had to the knife for the division of one of the lateral ligaments, when Dr. C. was permitted to try a method which had suggested itself as feasible in such accidents, and it succeeded admirably. Prof. C. remarks, in his lectures, "that he has never failed in the few cases which have occurred in his practice, although in several instances all other methods usually adopted had been tried without effect." And "in his opinion this method is equally applicable to similar dislocations of all the phalanges." I have

verified this last opinion in one instance, the only one I have met with.

You must excuse me, gentlemen, for using the pronoun *I* so often, for it is impossible, without doing so, to give a clear explanation, in words, of the manner of performing Dr. C.'s method.

The first case occurred about six years since; the subject an Irish lad, about 8 years old, with his *left hand thumb* dislocated. After some ineffectual attempts to reduce it by his parents and neighbors, I was called. Having a general idea of Dr. Crosby's method, I proceeded to put it in practice. I placed the patient in a common chair, and took a seat in another at his side, both of us facing the same way. An assistant sat behind us, to hold the boy's elbow fixed. I then took hold of the metacarpal bone with my right hand, my forefinger passing between his thumb and forefinger, and my thumb resting on the top of the metacarpal bone, with its end touching the dislocated end of the phalanx. With my left hand I tipped the phalanx back until it stood perpendicularly on the metacarpal bone; then pressing the phalanx forward by the end of my right thumb, it was readily carried by flexion into place, and the joint restored to its natural condition. The manipulation was performed in a twentieth part of the time taken to describe it. A bandage was applied for a few days to prevent displacement, and some evaporating lotion to subdue inflammation.



About the same time another similar accident occurred in an adult, an officer in the Customs, which in my absence was treated according to the same principle by my friend Dr. Rickard, and with equal success.

The next case, and which is the occasion of this paper, occurred in S—. The subject, a young girl about thirteen years of age, had the first phalanx of the *right* thumb dislocated on the back of the metacarpal bone. Dr. G., an irregular practitioner, was called, and failed in his attempt to reduce it. She was then taken to my friend, Dr. S., who sent her to me about the middle of one of the most rainy nights last month. As she had suffered considerably

in the attempts to reduce the dislocation, she and her friends insisted on using some anæsthetic, and, although I considered it unnecessary, she was gratified. As it was the right thumb that was injured, I seized it with my left hand, the forefinger underneath and my thumb on the back of the metacarpal bone. With my right hand I tilted up the phalanx until the end of the joint rested upon the metacarpus; then pressing it forward with the end of my left thumb, I flexed the phalanx into line and place with ease.

ADDITIONAL REMARKS ON MEDICAL INHALATION.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

IN a former number of this JOURNAL I presented some remarks on medical inhalation, as a valuable auxiliary, palliative and curative, to the remedies considered appropriate for consumption, chronic bronchitis, asthma, and other diseases of the respiratory organs. In addition to the history of my own case, one of chronicity and severity, and those of others, in which the benefit reasonably to be looked for from the local application of medicine in diseases of the respiratory organs, was, in my opinion, conclusively shown, there was appended the opinions and practical experience of many, eminent in past and present days, well known to the profession, and calculated to inspire confidence in those called upon to combat diseases of universal prevalence, and confessed difficulty of cure. Increased experience in the employment of inhalation, as a means of cure, as well as a firm belief in its intrinsic value in the treatment of many diseases of the respiratory organs, induce the opinion that some benefit will result from again noticing the subject.

Principal among the causes which may have contributed to the disuse, if not the disrepute, of this rational and common-sense mode of applying remedies in diseases of the lungs, may be noticed the fact, that from its use far too much was, and is now, expected; and because it did not, and necessarily could not, effect cures in extreme cases, its real usefulness has been overlooked. Although by some of the prominent practical authors of the present day, the subject of inhalation is alluded to, so indefinitely and discouragingly is it spoken of, most probably from not having been fairly tried, that few unacquainted with the subject would feel themselves constrained to resort to its use with any confidence, more especially as they would find no directions either as to the proper mode of employing the remedy, or the most suitable medicines to be selected. It is evident, from most of the cases recorded, that this remedy was, and now continues to be, brought into use almost as a last resource, where but slight hopes of benefit could have been antici-

pated; and yet, under such unfavorable circumstances, many were the instances in which great relief was afforded.

It will not be disputed that the principal diseases, for whose treatment medical inhalation is recommended, pursue their career in our day with unabated if not increased vigor, in every section of the globe, sparing neither rank, sex, nor age. Does not a reference to mortuary statistics demonstrate that our profession cannot boast of great success attending the ordinary and recognized modes of treatment, in the serious and most frequent diseases of the lungs? The correctness of these assertions being beyond denial, is it not strange that more general attention has not been bestowed upon so important and interesting a subject, and does it not become the duty of those convinced of the real merit of medical inhalation to unceasingly present its claims to the profession? May we not indulge the hope, that when more generally resorted to, by the ablest of the faculty, there will result a greater degree of certainty in the selection of the cases in which it may be used with no little prospect of success, and that other remedies, as yet untried or undiscovered, may be added to the list of those now used and known to act beneficially in many diseases? If, by the confession of all who have seen much of consumption, or of well-marked and severe cases of chronic bronchitis, in their advanced stages, a cure cannot very frequently be honestly predicted, how much more important is it to attack the first or premonitory symptoms when there is a well-grounded hope in our ability to arrest the progress of the disease, and more frequently effect a cure, by a timely resort to all judicious means; and among these, in my opinion, the inhalation of remedial agents will not be the least efficient of our resources. If the local as well as the constitutional symptoms have not made much progress, few will deny that there is a probability of effecting some cures. It is not, nor has it ever been, my desire to extol medical inhalation as a certain cure of those diseases for which it is recommended, or that it should be employed to the exclusion of, or in preference to, any or every other mode of treatment, whether medicinal or hygienic.

It may justly, I think, be claimed for the inhalation of remedies in diseases of the lungs and throat, that it does possess positive palliative and curative power, and that as an auxiliary it will be found of great value, not infrequently turning the scale in favor of recovery.

In private practice, as also in the wards of the Charity Hospital under my charge, this remedial agent has been employed in a sufficiently large number of cases of tubercular consumption, chronic bronchitis and asthma, to justify the assertion, that, as an aid to the ordinary course of treatment, it has proved itself to be possessed of great value. Several cases of tubercular consumption, in which the physical signs, and general constitutional symptoms,

such as purulent and bloody expectoration, occasional hæmorrhage, night sweats, diarrhœa, and excessive prostration, existed, have been so far relieved, if the term cure may not be considered appropriate, as to lose all evidence of disease except some of the physical signs, and to enable the patients to pursue their ordinary avocations. In the case of a lady from across the Lake, who had to be carried to the boat, and from the carriage to her room, with an almost constant cough and purulent expectoration, night sweats of a severe character, loss of appetite and impaired digestion, I was so fortunate as to restore her to such a state of health that this season, she made a trip to Mississippi, and has since gone to pass some months in Texas. Such results do not, it is true, frequently occur; but from them, and others of a similar character, I have learned that in no case should the hope of relief be abandoned, or the most unceasing efforts relaxed.

In respect to chronic bronchitis, many cases which had resisted the usual remedies, and even the local application of lunar caustic, have been, by medical inhalation and other means, perfectly cured.

I cannot refrain from expressing the opinion that the various diseases of the fauces, larynx, trachea, or bronchi, generally though inappropriately designated chronic bronchitis, may be regarded as perfectly amenable to treatment, provided inhalation be brought into use.

Several cases of asthma, of long duration and frequent repetition, have been successfully treated by this remedy, and many materially alleviated, both as to severity of symptoms and the frequency of recurrence. The popularly-designated disease, clergyman's sore throat, implicating the larynx, trachea and bronchi, although in the commencement most frequently the result of a neglected cold, will, if not early attended to, or if improperly treated, ere long assume a grave character, gradually encroaching upon the more important parts of the respiratory organs, and finally producing that well-known and frequent disease. If this disease were treated by medical inhalation, in conjunction with other appropriate remedies, few cases would probably be found of difficult management or cure.

It being an established fact, that many remedies employed by inhalation do exert a decidedly beneficial and curative influence in not a few diseases of the respiratory organs, may it not be inferred that there are many as yet untried, or undiscovered, eventually to be brought into successful use by those of the profession desirous of benefiting the cause of humanity no less than aiding the advance of their cherished science?

Without extending these remarks to an unreasonable length, by introducing numerous recipes, I propose merely to notice the more prominent medicines which I have employed advantageously, proportioning the strength no less than the number of articles to the

requirements of each case. These are, extracts of opium, conium, belladonna, and stramonium; cyanuret of potash; balsam and oil of copaiva; balsam of Peru; oil of cubebs; assafoetida; gum ammoniac; camphor; creosote; essence of tar; essence of white turpentine, and the different narcotic tinctures.

A few words about inhalers may not be out of place. The main object of medical inhalation being the endeavor to produce the peculiar effect of each medicine upon the parts to which the air in passing through the medicated fluid in the inhaler is applied upon each inspiration, I am of opinion that most of the inhalers in ordinary use are too large, especially in diameter, for real utility and convenience. Those capable of containing eight or ten ounces of fluid, I find most suitable for obtaining the one object. About five tablespoonfuls of cold water being poured into the inhaler, one or two teaspoonfuls of the medicine are to be added once or twice, or more frequently, during the day, the quantity necessarily depending upon the strength of the mixture, and the effect desired. The water first put in, is not to be poured out until, by the repeated addition of the medicine, the inhaler becomes too full to work well, when a small quantity may be poured out. By adopting this course, to my mind the only correct one, we can commence with as small a quantity of the medicine as may be deemed proper, and then, by the repeated additions of the medicine, its strength can be carried to any extent desired, or considered proper.

Having used in some cases, with advantage, the iodide of iron, rubbed down with laudanum, paregoric or tincture of conium, it appears to me that could there be discovered some mode by which the iodides of iron, arsenic and sulphur could be prepared successfully for inhalation, from their known power in many intractable diseases, there can scarcely be a doubt of their utility in the nascent state of tubercles, and possibly even in a more advanced stage.

In many cases of chronic bronchitis, and some of consumption, I have found the following mixture to answer, and I am confident that very seldom will those who use it find themselves disappointed, unless some special cause should exist. R. Ext. conii, ʒij.; ext. opii, ʒi.; tr. opii camph., ʒiss.; bals. copaibæ, ʒiv.; ess. pic. liquid, ʒij.; aq. laur. cerasi, ʒi. M. Four or five tablespoonfuls of water being poured into the inhaler, one teaspoonful of the above is to be added, and inhalation carried on from four to six times a day—the length of time of inhaling necessarily depending upon those circumstances of which every physician must decide for himself. As a general rule, I request those commencing its use, to try it for a few minutes several times a day, in order to become accustomed to the practice, and then to increase the frequency and duration of inhalation to an extent depending upon the nature of each case. By adopting such a course, I have known persons to be

able to use it freely with the effect desired, for many hours during the day. Simple as the process of inhalation may appear, and really is, it being merely breathing through the tube, I have seen many who could not, until after many trials, employ it successfully or with facility.

With those commencing inhalation, whether as a preventive or curative measure, or for the purpose of strengthening the respiratory organs, I think it best to commence with a merely natural inspiration, and when accustomed to it, to increase by slow degrees, yet steadily, the act of inspiration, in order that additional power and capacity may be given to every portion of the respiratory organs. Adopting this course, we gain, safely and surely, the mechanical in addition to the remedial action of inhalation, and as a consequence, in many cases, an increased power and capacity of the lungs—a point of no trifling value.

THE DUTIES OF STATE ASSAYERS IN RELATION TO QUACK MEDICINES.

[Communicated for the Boston Medical and Surgical Journal.]

THE newspapers are constantly puffing quack medicines, whose innocuous or beneficial effects are certified to by State Assayers. One of the most unprofessional of these certificates accompanies the Peruvian Syrup. Whatever the wording may be, the readers of quack advertisements infer, from its tone, that the Peruvian Syrup has virtues which are not possessed by the citrate, tartrate, lactate and other preparations well known to the profession. There is a common idea in the public mind, that the tincture of the chloride, and iron rust, are the forms in which Iron is given, and that this certificate is in favor of a substitute for those exceedingly disagreeable preparations. To the profession at large, the Peruvian Syrup is a secret remedy, and as a secret remedy it does harm. Is not the certificate in favor of such irregular practice?

Every paper that comes to your door contains a State Assayer's puff for somebody's Bourbon whiskey. Can a State Assayer's analysis show the difference between Columbia and Bourbon?

Green's mixture of cinchona and sulphuric acid used to bear an assayer's certificate, if it does not now; an irregularity which, in any other State, would subject him to trial before the medical association.

It has been reported quite extensively, that a State Assayer's duties under the law require that he should give a certificate of the composition of any article brought to him for examination. The only statute which I can find (there may be others) in the Massachusetts laws, alluding to the duties of that office, is as follows:

"§ 1. *Be it enacted, &c.* The Governor, with the advice and consent of the Council, may appoint one or more suitable persons to be assayers of ores and metals, who shall be sworn to the faithful discharge of their duties.

"§ 2. It shall be the duty of each assayer to assay such ores and metals as may be offered him for assay, and to give a certificate thereof, for which service he shall be paid a reasonable compensation by the person procuring such assay to be made.

"Approved March 18th, 1846."

It must be under the provisions of some other act that the assay of Bourbon Whiskey and Peruvian Syrup come, but I cannot find it.

The object of making the office doubtless was, to encourage the working of valuable mineral deposits, which were known or supposed to exist in various parts of the State. The manufacture of quack medicines is a branch of industry, probably, not in the view of the Legislature of 1846.

C. E. B.

Bibliographical Notices.

Transactions of the New Hampshire Medical Society (sixty-seventh Anniversary), held at Concord, June 2 and 3, 1857. Concord: Jones & Cogswell, Printers. 8vo. pp. 104.

This publication contains several excellent papers by members of the Society. The address by the President, Dr. FRANCIS P. FITCH, of Amherst, is an admirable exposition of the evils resulting from the want of sanitary knowledge, and a powerful and eloquent appeal to the inhabitants of the State and the government for the enactment of suitable laws to provide for a proper registration law, by which proper statistical data and sanitary observations could be obtained which are so loudly demanded for the improvement of health and comfort, the prolongation of life and the promotion of morality and happiness. We hope that the Legislature of New Hampshire will be influenced by Dr. Fitch's convincing arguments, and establish a suitable law for the registration of vital and mortuary statistics. The report of the Committee on Surgery, by Dr. GEORGE H. HUBBARD, contains a number of interesting cases, many of which show the importance of conservative treatment in cases of severe injury. Dr. T. J. W. PRAY, of Dover, has contributed a valuable and interesting paper on Nursing Sore Mouth, a subject which has been strangely neglected by systematic writers. The report on Practical Medicine contains a sketch of the epidemic diseases of the city of Manchester, from 1853 to 1857, inclusive, by Dr. WM. B. BROWN, who is in favor of a more active treatment of disease than prevails at the present time. One of the most interesting papers in the "Transactions," is entitled "Miscellaneous observations in Obstetrics and Diseases of Women," by Dr. WILLIAM HENRY THAYER, of Keene. Dr. Thayer discusses the subjects of the time for rupturing the membranes in labor, presentation of the funis, hæmorrhage after delivery, dividing the funis, conglutination of the os uteri, and the treatment after delivery. His observations are judi-

cious, and the practice he inculcates is worthy of imitation. In conclusion we would say that the "Transactions" reflect much credit on the New Hampshire Society, and will, we hope, be of benefit to the State.

Hints on Health, with Directions for the Preservation of the Skin, Hair, Teeth, Nails, &c. By WILLIAM EDWARD COALE, M.D. Boston: 1857. Ticknor & Fields.

WE confess to an unmitigated dislike, an involuntary suspicion, with regard to popular treatises on medical subjects: and it was therefore with no very pleasurable sensations, in view of our friendly relations with the author, that we found a copy of the above on our table for notice. There it has lain for some time, a kind of incubus upon our conscience, waiting for its turn to be scored, but somehow or other its perusal has dissipated all the belligerent feelings; and although there may be room for difference of opinion as to certain points of pathology, for very positive doubt as to the propriety of admitting any other than hygienic treatment, we have no hesitation in giving our hearty approval to the objects of the book so far as relates to physiology and the preservation of health, and our most cordial approbation of the attractive manner in which these are set forth for the benefit of the laity.

We do object, however, to all popular *treatment* of disease, and this not from selfish motives, but honestly believing that the community themselves are the worse for it. What physician is there who doubts that his visits have been necessarily multiplied in many a case in which attempts have been made to dodge the doctor? We have at this moment a case of bronchitis, and another of dysentery, both due probably to faith in popular remedies: and though we admit that these are not exactly the kind upon which our author touches, still it is not easy to draw the line, and the unprofessional persons who are rash enough to trust their own treatment of diseases of the skin are not likely to be deterred from trying their hand at other diseases, and with something stronger than "Rufus's Pill," "Goulard's Extract," &c., until at last the disappointment to themselves and their friends, resulting from their ignorant misapplication of remedies, which are valuable only as judiciously given, renders them skeptical, and drives the whole batch over to quackery in its various forms. We fully realize the difficulties inherent to the management of this point, and cheerfully admit that there is far less of this objectionable feature in the book before us than in any treatise of the kind we have ever seen, so little indeed that we fear being considered hypercritical, although we could not conscientiously say less.

On the other hand, we hold it to be not only proper, but a positive duty—one far too much neglected—for every physician to educate his patients, so far as possible, in all prophylaxis: and it is in relation to this latter duty that we think this treatise a valuable addition to every domestic library. The directions as to bathing, clothing, the care of the hands, feet, hair and teeth, are all excellent, and we wish that every child, and more particularly every girl in the city, could have the information, which is so pleasantly imparted in this little volume, indelibly impressed upon the memory. Through the physical benefits

derived, they would gain more intellectually, than from all the sol-feggi, pencil sketches, algebra or ancient history, which the ablest of masters could cram into their unnaturally developed nervous systems.

The chapter devoted to clothing is admirable. Some very important truths are stated, and with a plainness, too, that admits of no misconstruction. We regret to see nothing said of the ridiculous fashion of enveloping the neck in furs, which, after careful observation and some experience, we believe to be the cause of a large majority of those inflammatory affections of the throat, which are so rife among the *better half* of the community for nine months out of the twelve.

With respect to the use of furnaces for artificial heat, we are entirely at variance with the statements before us, and, were it not for their *supposed* economy of coal, fully believe that before the lapse of many years they would be nowhere, unless indeed some ardent antiquarian should see fit to keep a model upon his *étagère* with relics from Pompeii and Herculaneum. Theoretically, they may be defended; practically, we believe them to be a dangerous nuisance, calling for the immediate interference of the board of health, unless indeed one is able to employ the undivided attention, night and day, of an intelligent stoker for their supervision, and he supplied with an ample array of barometers, thermometers, weather gauges, &c., together with sufficient wit and honesty to use them. Even then it is a question—we think a *grave* question—whether the atmosphere be entirely pure, provided that a sufficient degree of heat is obtained. When the mercury is twenty degrees below zero, it may be well to permit a very moderate degree of furnace heat to temper the air in the entries, but not otherwise. If more than that be necessary, we prefer the plan of “Sir Thomas More in his study” and “Erasmus at his desk.” Such has been our own plan of late years, after half a dozen preceding years of bitter experience with furnaces, and the diminution in the consumption of cough lozenges and squills among the junior members has been something quite noteworthy. The extra expense of coal is covered by one, or at the most, two ten dollar bills, and this is saved from the druggists.

Finally, we cannot forbear allusion to an important point in relation to the management of the teeth, which would find a most fitting place in a book of this sort. We allude to ulcerative stomatitis, the cause of a vast amount of suffering in the way of tooth-ache and neuralgia of the jaws, and which only requires for its removal the use, for a few days, under the advice of a physician, of chlorate of potash. This is specific, but both the disease and the remedy seem to be unknown to some of the most skilful of the dentists. The following cases, out of some half dozen, have occurred to us in less than a twelve month:—A young lady, after ten days’ suffering from neuralgia with an inflamed tooth, in whom the alveolar process had been bored with the hope of opening into a supposed abscess at the root, together with a variety of other pleasant experiments, desired my advice before submitting to extraction. An examination revealed the neck of the tooth, exposed to its junction with the process, by ulceration of the gum: the tooth itself being elongated, loose, and excessively tender from the periostitis which always accompanies the affection, but otherwise sound. A few days of the above treatment entirely and effectually relieved the difficulty. When, with a little justifiable malice, she informed the

dentist of his mistake, the satisfactory reply was, "Why, what a curious name for it; I never heard it before!" In December last, a Canadian gentleman wrote for advice as to "pain in the teeth, jaws and back of the head." He adds, "my teeth are in a horrible state, and I can with difficulty chew my food." "My dentist tells me my teeth are good and sound, but that the gums have somewhat receded, and he can apply no remedy. This is consolatory!!" Sure enough. He was relieved in less than a week by chlorate of potash. Last spring, a patient in fine health, and with a most enviable set of nut-crackers, desired us to look at a tooth which had kept him awake several nights in intense pain, and for which, he had just been informed, the only remedy was extraction, although the tooth was perfectly sound. It was ulcerative stomatitis—nothing else—and a few days sufficed for its permanent relief. We mention these cases in the hope that they may attract attention, and that a few *hints*, well put, will make persons think twice before either *advising* or submitting to the extraction of a sound masticator, the loss of each one being such a direct and irremediable injury to the digestive organs.

But, though there is no end to the *hints* suggested by this little *vade mecum* which we should like to follow up, we are—to use an entirely original phrase—"reminded that our space is limited," simply expressing the hope that the author may meet with his reward in the early requirement, by the public, of a fourth and enlarged edition.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 1, 1857.

QUESTIONABLE ADVERTISEMENTS.

We referred, in our last volume, to the manly and honorable position taken by a religious newspaper, the *American Presbyterian*, published in Philadelphia, with regard to advertisements which were designated by that paper as "questionable." We tendered to the Editor our hearty thanks for his honest, bold defence of right, truth and decency, and we feel sure that he will reap a fitting reward for his pains in exposing and holding up to condemnation the abominable frauds imposed upon the community in so wholesale a manner. We have only one objection to make to the caption of the *Presbyterian's* article; and that is, we do not think the word "questionable" describes the character of these advertisements. They are unquestionably bad in essence and tendency, and no editor, of even a *secular* paper, who values his own honor or regards the welfare of the public, so largely influenced as it is by the press, should for one moment lend the weight of his influence to the unprincipled mountebanks who thus grub for money in foul places and by foul means.

If this be true for the secular press, what shall we say when papers devoted to enlightening the people upon *religious* and sacred themes become the vehicles of shameless imposition, unblushing lies, unrealized and unrealizable promises, and, *worse than all*, the channels through

which flow alike to the ignorant and the wilful, the means of inducing abortion, under the guise of wonderful, health-giving medicaments? What shall we say, indeed! We will say, to begin with, that we hope—nay, we will *try* to believe that the editors and managers of such papers do not see through the transparent veil which hardly covers these nefarious projects—these filthy prospectuses of crime! We cannot believe that “Priests of the Temple” willingly, knowingly pander to sin—but, wonder of wonders, why and whence is this blot upon the purity of the religious press? Let religious editors and publishers look to it, lest they bring disgrace upon themselves and upon the Church they represent, and make Satan laugh in his sleeve, and chuckle over this his new “holy alliance”!

We began by recalling the pleasant impression made upon us by the creditable and upright course of the *Presbyterian* in regard to these matters; we deeply regret to conclude by expressing our mortification and sorrow that a paper professing to set forth and represent the interests, here, of the Protestant Episcopal Church, should so far forget its office and dignity, and not only these, but the rights and decencies of life, as to admit into its columns such advertisements as we have recently found therein. Not content with advertising, for a long time, “Holloway’s Pills,” the “*Christian Witness and Church Advocate*,” published in this city, does not hesitate to admit the advertisements of that phase of arrant and knavish quackery known as the “Indian System of Medicine,” whose agents recently announced, in one of the daily papers, that they had removed a “cancer of ten years standing,” in ten minutes, by “Indian Cancer Plaster”—a statement which, for its bold and brazen mendacity, can hardly be equalled; and which, from its very effrontery, must offend the sense of truth in the most uninformed mind. It also goes so far as to insert an advertisement, which, examined and understood, would condemn even the man of ordinary morality, and should revolt, on the bare reading, the religious man. Here, again, the most charitable conclusion is that the editor and proprietor of the “*Church Advocate*” are unaware that, instead of exclusively advocating Church extension, they unfortunately lay themselves open to the imputation of affording publicity to means which may be used for *procuring abortion*! It is of very little service for them to preach religious duties upon one page, and sully another with discreditable advertisements. Does the editor say, these matters are beyond my control? What does the Christian publisher say? What do the readers of the *Christian Witness and Church Advocate* say? We can reply for several of them, and thus: they will not tolerate such incongruities long. Already we are cognizant of some who have discontinued their subscriptions for the reasons we have set forth, and more will follow. These things require reformation: if the mercenary policy of the lowest portion of the daily press will truckle to anything and everything *for money*, let not this be said, any longer, for those who aspire to set before us the precepts of religion, and to chronicle the progress of Christianity!

To justify our strictures, let any cool-minded, sensible person judge of the *truth*, and more especially of the ultimate and even direct *moral* bearing of the following extracts, which we make from an advertisement in the *Christian Witness* of September 18th, 1857. If a religious

paper is to be sustained, in any degree, by such means, we hope its props will be knocked from under it immediately.

Side by side with a piece entitled the "*Lost Sheep*," in the "*Children's Department*," appears the advertisement headed "Grindle's Ancient and Celebrated Japanese Life Pills," which, the advertisers, under the protection of the clerical and lay authority engaged in *witnessing* for and *advocating* the Church, "offer on a more extensive scale," after having "tested them in the worst forms of disease, and after having been urged to do so by eminent physicians who have tried them to their satisfaction." We should like to see the names of these "eminent physicians"; for, to us, this is either totally untrue, or else it charges a feebleness and incapacity upon physicians which we cannot credit.

Hear the respectable advertiser further, always under the auspices of the Church—*proh pudor!* "Performing cures where every other remedy had failed, we feel it our duty to spread the glad intelligence to every family of the globe. * * * Parts that were even decaying with disease are restored to a healthy, vigorous action, and disease eradicated as if by magic, leaving the system in a robust condition and less predisposed to contract disease again, of whatever kind. Possessing such penetrating and healing virtues, their success must be inevitable." This is fine trash for the proprietors of a religious newspaper to present to their readers—do these gentlemen realize their responsibility? But the worst is yet to come: the advocate of the Church admits into its columns the following choice language. "These ANCIENT PILLS are also an *invaluable* remedy for females suffering from suppression of the menses, the cause of so many declines and female weakness." Aside from the poor grammar here displayed, we would simply ask the reverend editor, and the publisher, who is a communicant of the Church, if they do not *yet* know that phraseology nearly identical with this is the favorite dodge of the abortion-nostrum venders, whose advertisements fill many of our daily papers, *usque ad nauseam*? If they do not know this, it is time they did; and their first duty is to purge their paper of such declarations, which, even if not made with the *intent*, still bear the *odor*, of evil-doing.

As these, and similar, advertisements in no way advance the religious welfare of the people, but rather the reverse, that plea cannot be urged in extenuation of their presence in a professedly religious paper. There can, then, be but one other object, the wish for whose attainment is cogent enough to effect this purpose; and that is, the amount realized for the insertion of the vile paragraphs. Do, then, the proprietors of religious papers acknowledge that they willingly derive support from such sources? If so, we fearlessly say, better never a religious paper in the land! If these notices *must* be published, to poison, both physically and morally, the readers who peruse them, let, at least, the guardians of our holy religion shake their skirts free from such pollution! And let honest editors, whether their sheet be secular or religious, hesitate to issue such unwarrantable promises, such assertions that the slightest examination must falsify, such masked wickedness and such money-seeking, under groundless pretences. We trust to see not only the "*Christian Witness and Church Advocate*," but every other newspaper we have been led to

look upon with respect, free from the trumpeting of *soi-disant* "Indian Physicians," "Female Pill" venders, "Invigorators" and "Liver Remedies" which "one dollar will buy," "Speedy and Certain Cures for Hydrophobia," *et id omne genus*. Are there not remunerative advertisements, in plenty, more suited to the character (as it should be) of a *religious* paper—not to speak of the elevation of tone and sentiment which should animate all secular papers which expect the encouragement of decent people? No one can convince us to the contrary; and even if it were not so, what man—what Christian—will deliberately lend his aid to unfounded pretension, unblushing impudence, immoral truckling to gain, and also to the infliction of certain ills upon the bodies and souls of his fellow beings?

We deeply regret that a Church which from childhood we have so much venerated, should have even one of its professed standards so deeply tarnished: and if it is not to be remedied, we seriously recommend to those who, in the face of these facts, still choose to take the sheet to their Christian homes, to interdict the perusal of its *advertising columns*, at least, to their wives and children. That must be but a loose theology which tolerates these objectionable features upon ground professedly devoted to sacred topics! A religious journal, like Cæsar's wife, "*should be above suspicion*."

GLUCOSURIA IN NURSING WOMEN.

IN a former number of the JOURNAL (Vol. LV., p. 452) we gave some account of a remarkable discovery of M. Blot, of Paris, relative to the presence of sugar in the urine of women during lactation, and also occasionally during pregnancy. M. Blot asserted that he had discovered this substance by four tests—the reduction of a solution of sulphate of copper and caustic potash; the brown color imparted to solutions of potash or lime; fermentation; and deviating polarized light to the light. Although M. Blot does not speak of actually obtaining sugar from the urine, we infer that such has been done, since he states the proportions in which he has found this substance to exist; in one instance to the amount of 8 grains in 1000 grains of urine. We observe in the *Gazette Médicale de Paris*, for August 1st, an account of some experiments by M. Leconte, in which he tried in vain to obtain evidence of the presence of sugar in the urine of women during lactation. To eight pints of urine (which reduced abundantly the solution of copper and potash) was added an excess of neutral acetate of lead, and the liquid was thrown upon a filter. On adding ammonia in excess, the mixture no longer reduced the solution of copper and potash. The precipitate, being mixed with water and deprived of its lead by sulphuretted hydrogen, also gave no trace of sugar.

Thinking that the sugar might have been destroyed by the ammonia, the same quantity of urine (exhibiting the same re-action with the solution of copper and potash) was acidulated by acetic acid, and evaporated to one fifth, by the water-bath. Alcohol was then added, and the abundant precipitate was caught on a filter. The alcoholic liquid, deprived of its alcohol by distillation, gave only a very feeble re-action, much less than that of the urine. The precipitate gave an abundant reduction, which a careful analysis showed to be due to the uric acid. From these and other analyses, M. Leconte concludes that the reduction is caused by the uric acid which is in excess in the

urine of nursing women. If his experiments are to be relied on, they show that sugar is not present in the urine of women during lactation, at least so frequently as M. Blot thinks.

STRYCHNIA IN WHISKEY.

A VALUED correspondent has sent us the following note, which we willingly publish, being ourselves much interested to know how strychnia, if used in making whiskey, can either increase the quantity derived from a certain amount of grain, or aggravate the essential symptoms of *delirium tremens*.

"A statement has been going the newspaper rounds, on what authority your correspondent does not know, to the effect that the physician to the almshouse at Lawrence finds *delirium tremens* more fatal than formerly, in consequence of the *strychnia* used in the manufacture of whiskey. If that gentleman has any evidence of the fact that strychnia exists in whiskey, he would much oblige members of the profession by giving it to the public through your pages. If strychnia is used in the manufacture, it would be interesting to know the reason why. A full report of cases of *delirium tremens* in patients who were also under the influence of strychnia, would prove instructive."

Death from Chloroform.—We find the following in the *Courier* of Tuesday last: "A young lady named Packard died at Salmon Falls, on Tuesday last, by taking chloroform. She called at the office of Dr. Severance to have a tooth extracted, and while the doctor was absent from the room she used the chloroform, and when he returned he found her dying. Whether she took it purposely or ignorantly is unknown."

Treatment of Sore Nipples.—A friend, whose judgment and experience entitle his opinion to much consideration, assures us that equal parts (by weight) of glycerine and tannin is the best application for sore nipples which he has used. It is also an excellent remedy for chaps and excoriations of other parts. The tannin dissolves readily in the glycerine. We hope this formula will be as widely known as the celebrated tincture of benzoin cure, which has, we believe, been quoted in every medical journal in this country.

Health of the City.—During the last three weeks the deaths from cholera infantum have been steadily on the increase; the number for the last week (35) is the largest for the same period, with one exception, during the present year. There were 7 deaths from dysentery, 6 from whooping cough, and 4 from scarlatina. The total number for the corresponding week of 1856 was exactly the same as for that which has just passed, viz., 118: of which 17 were from cholera infantum, 21 from consumption, 13 from dysentery, and 7 from scarlatina.

MARRIED.—In this city, 24th inst., Dr. Leonard R. Shelden, of Brandon, Vt., to Miss Ann Maria Cartwright, of Boston.

Deaths in Boston for the week ending Saturday noon, September 26th, 118. Males, 61—Females, 57.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—cyanosis, 1—consumption, 15—convulsions, 2—cholera infantum, 35—croup, 2—dysentery, 7—dropsy, 2—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 4—puerperal, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 4—yellow fever (a sailor at the quarantine), 1—disease of the heart, 2—hemorrhage of the lungs, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 2—old age, 1—prostate (enlargement of), 1—palsy, 1—pleurisy, 1—premature birth, 1—scalds, 1—teething, 6—unknown, 1—whooping cough, 6.

Under 5 years, 72—between 5 and 20 years, 12—between 20 and 40 years, 20—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 92—Ireland, 15—other places, 11.

Rush Medical College.—The following changes have been made in the faculty: Dr. W. H. Byford, of Evansville, Ind., takes the chair of Obstetrics, &c.; Dr. Rauch, of Burlington, Iowa, that of Materia Medica, &c.; the occupant of the latter, Dr. Johnson, being transferred to the departments of Physiology and Pathology. Professors Evans and Herrick have retired, with the high respect of their colleagues.—*St. Louis Med. and Surg. Journal.*

Health of Cities.—At a recent meeting of a Committee appointed to investigate the condition of the streets and the like, held in this city, a statement was presented by Dr. Winne respecting the sanitary condition of cities, which he has made the subject, in a variety of ways, of the most careful study and research. The number of deaths annually present the following ratio to the whole population:—

London	- - -	1 in 41	Lowell	- - -	1 in 50
Liverpool	- - -	1 in 27	Baltimore	- - -	1 in 40
Manchester	- - -	1 in 20	Charleston	- - -	1 in 40
Paris	- - -	1 in 33	Savannah	- - -	1 in 33
Boston	- - -	1 in 32	New York	- - -	1 in 34

Dr. Winne holds the belief that in spite of modern improvements, water, ice, better information, &c., from the year 1810 to 1855 New York has declined in health, and the rate of mortality has been increasing. This is contrary to what we have always believed, and, if true, seems deserving of much attention.—*New York Observer.*

Longevity of Quakers.—Mr. Neil having asserted "that Quakers, who never smoke, reach a good old age," I was determined to make inquiries on the subject, and find that here and there a smoking Quaker is to be met with, but that the habit is not common with members of the Society of Friends. Of course, there are exceptions to every rule. The following statistics cannot fail to prove interesting to general readers. Smoking not only leads to drinking, "but it diminishes the saccharine constituents of the blood."

"In the year 1855-56 there died 287 members of the Society of Friends in Great Britain, of whom there died from birth to five years old, 37; from 5 to 10, 8; 10 to 15, 5; 15 to 20, 12; 20 to 30, 18; 30 to 40, 17; 40 to 50, 19; 50 to 60, 23; 60 to 70, 46; 70 to 80, 50; 80 to 90, 43; 90 to 100, 9."

From this it will be seen that the greatest mortality amongst Quakers is between the ages of 70 and 80; the next greatest between 60 and 70, and the third greatest between the ages of 80 and 90.—"D." in *London Lancet.*

Louis Jacques Thenard.—There recently died at Paris a famous French chemist, whose reputation was at its zenith whilst the present race was still in swaddling clothes. Louis Jacques Thenard, having lived on to the ripe age of fourscore years, last week calmly ended his days, surrounded by

"All that should accompany old age,
"As honor, love, obedience, troops of friends."

He was the son of a poor provincial peasant laborer, a condition of existence which, in the last century, very fairly represented impersonated poverty. He died a peer of France, and grand officer of the Legion of Honor. His father early recognized the genius of his son. Cheap as education is in France, it was only by the greatest parsimony he was enabled to defray the small cost of his instruction as an apothecary. And in this capacity the future Chancellor of the University of Paris practised for some years at an obscure village in Champagne. Here his talents attracted the notice of Vauquelin, the then famous chemist, by whose counsel he quitted the profession, went to Paris, and obtained an appointment as assistant-chemist at the Ecole Polytechnique. In 1802, he read before the Academy his first paper "On the Combinations of Antimony with Sulphur and Oxygen." In 1813, he published his treatise "On Chemistry," in five volumes, a work which has since gone through six editions. He became member of the Academy, and professor of chemistry at the Ecole Polytechnique, was made Chancellor of the University, a peer of France, and received high rank in the Legion of Honor. His obsequies were celebrated with great pomp at St. Sulpice; the wisest and greatest men of the country reverently attending the funeral.—*Id.*